

Headquarters U.S. Air Force

Integrity - Service - Excellence

Readiness Update



U.S. AIR FORCE

**CMSgt Deb Alaimo
21 July 03
Air Force NNSDO Military
Day**



U.S. AIR FORCE

Overview

- **Readiness Skills Verification Program (RSVP)**
 - **What is it and how does it fit into our mission**
- **AFMS Readiness Training Platforms**
- **Expeditionary Training & Exercises website**
- **Need your help**



U.S. AIR FORCE

An Expeditionary AFMS Supports Full Spectrum Operations



Houston



Somalia



Enduring Freedom

**Disaster
Response**

**Humanitarian
Assistance**

**Terrorist
Response**

**Peace
Keeping**

**Homeland
Defense**

**Major
Conflict**

Full Spectrum Operations



El Salvador
HA



East Timor HA/PK



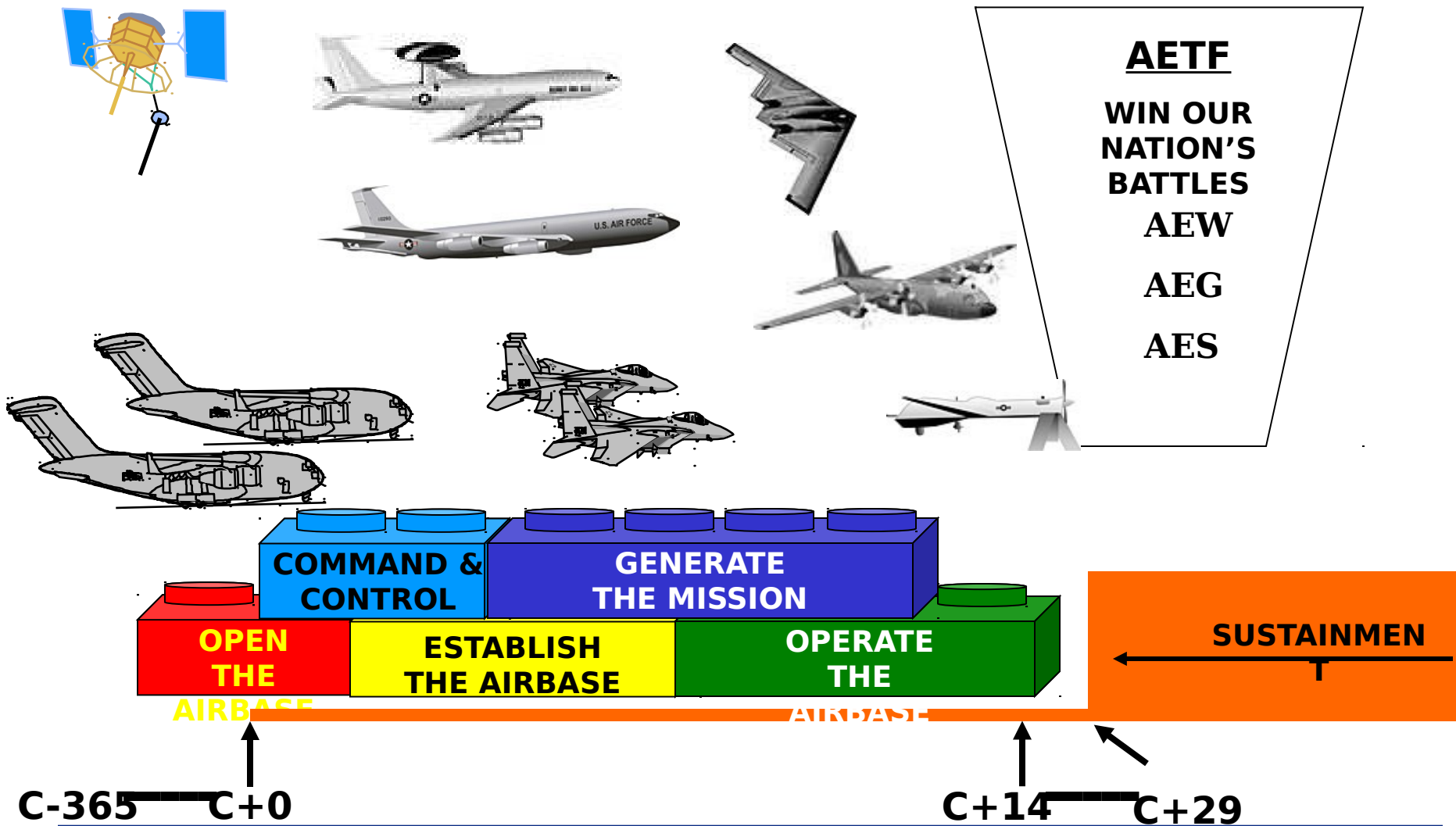
Kosovo

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Presenting the Task Force





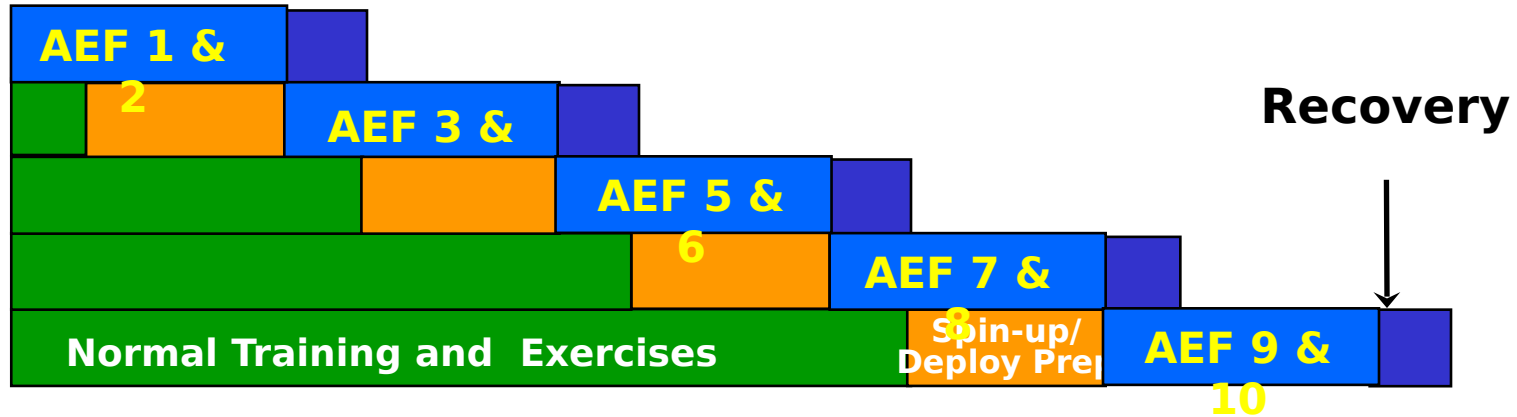
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The AFMS and AEF

Rotations



15 Month Cycle



- The AFMS has 5 EMEDS packages with each AEF pair--ready to deliver comprehensive Health Service Support

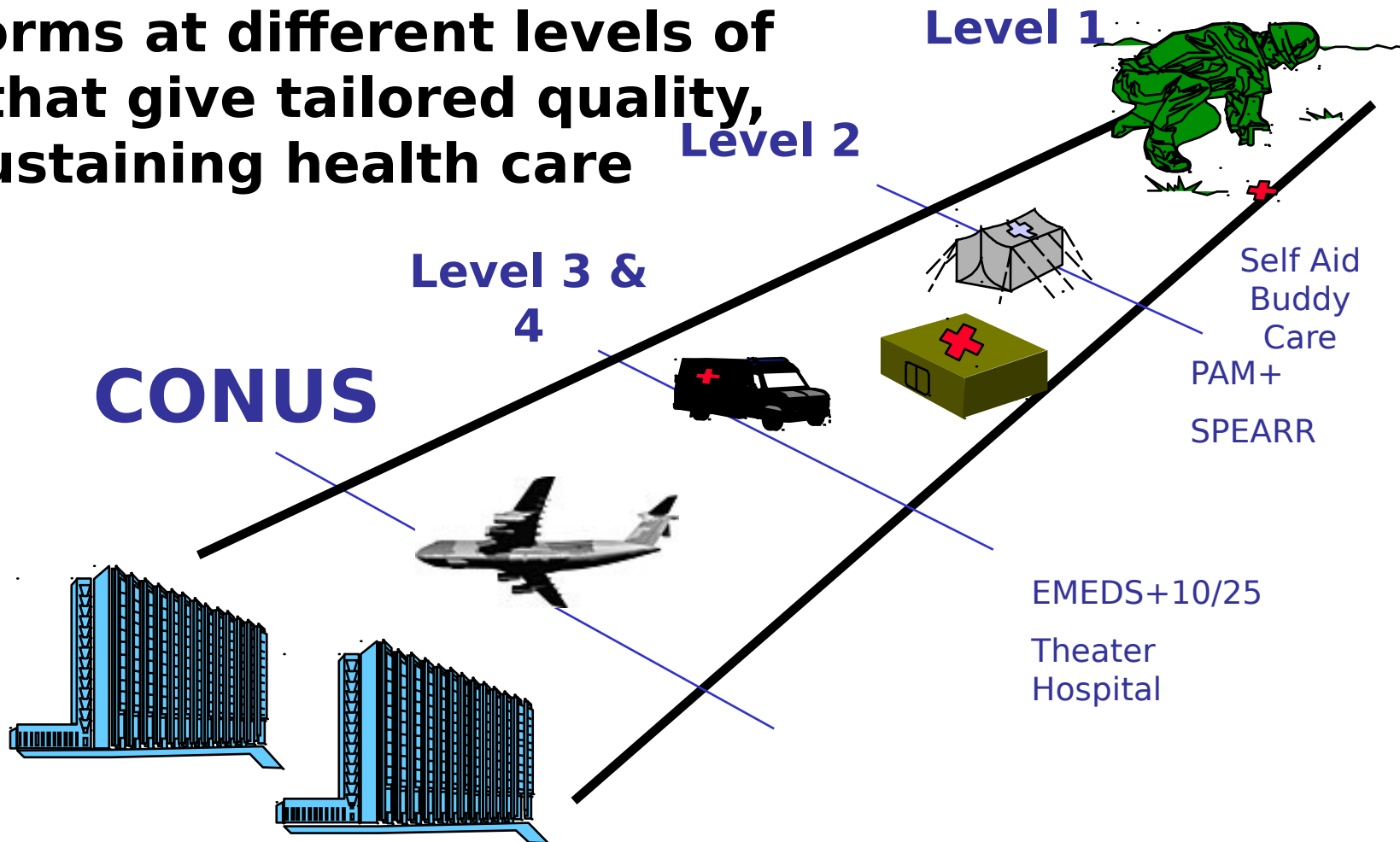
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How does the AFMS provide support?

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The AFMS provides multiple platforms at different levels of care that give tailored quality, life sustaining health care

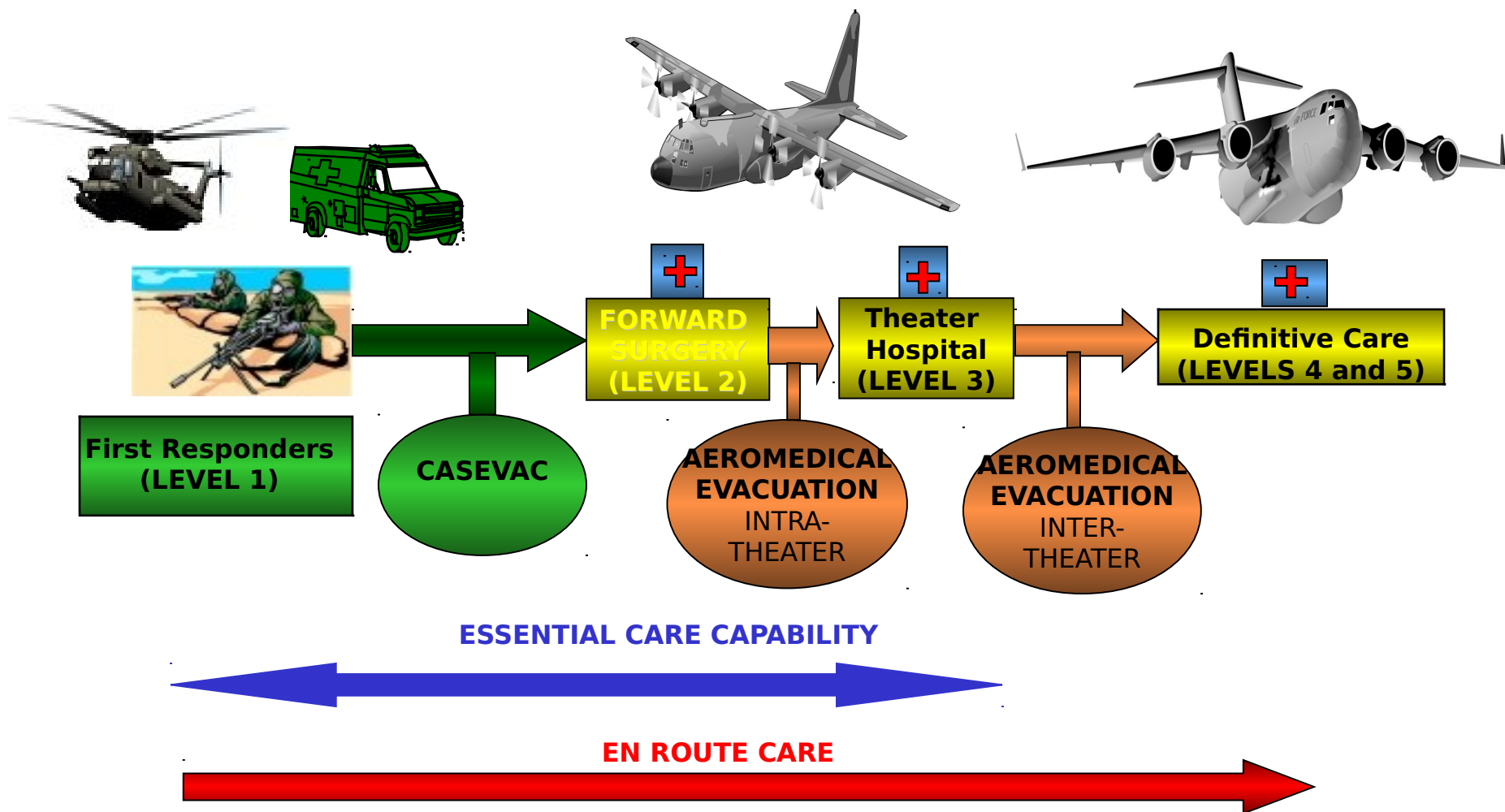


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Aeromedical Evacuation



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RSVP -What is it?

- **Skills list designed to ensure all military medical members with a fully qualified AFSC maintain adequate skills to perform their duties (basic expectations of an AFSC) during Contingency Operations:**
 - **Wartime**
 - **Disaster Response**
 - **Humanitarian and Civic Assistance**
 - **Homeland Security/Defense**
- **Ensures each individual has the necessary skills (meets basic expectations of the AFSC) to support the Mission Capability of the Unit Type Code (UTC) they are assigned**
- **Task frequencies are based on the AEF rotation of the individual's assigned UTC, e.g. every 15 or 30 months**



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Readiness Skills Verification Program

- Ensures each individual has the necessary skills (meets basic expectation of the AFSC) to support the Mission Capability of the Unit Type Code (UTC) they are assigned

- ***It's all about supporting the mission***

- ***It's all about training our people to ensure mission success!***



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Why is RSVP important?

■ IT'S THE RIGHT THING TO DO!

- For the successful outcomes for our patients**
 - For the success of our staff**
 - For the success of our Air Force**
-
- Mandated by AFI 41-106, Medical Readiness Planning and Training**
-
- Becoming SORTS reportable in the future**



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Players & Roles

Develop skills lists - SG Consultants and Career Field Managers (CFMs)

- Set “currency” for each skill set
- *Currency does not equal competency*
- Training / sustainment sources identified

Process - Col Kathleen Roberts

- Database - Mrs Rebecca Portier
 - Found on our website: <https://www.afms.af.mil/sgx>
- Implementation - CMSgt Deb Alaimo

Coordinator for RSVP Working Group- Lt Col Todd Carter

- Representative from each Corp and Enlisted on RSVP Working Group
- Consultants / CFMs



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RSVP - Implementation so far

■ Initial Implementation:

- AF SG letter - 19 Apr 00**
 - “AFSC-specific training will continue for all AFMS personnel”**
- AF SGX letter - 11 Jan 01**
 - RSVP applies to “all worldwide-qualified personnel throughout the AFMS”**
 - Provided initial implementation guidance (AFI 41-106 and WAR-MED website)**
- AF SG letter - 17 Apr 01**
 - RSVP will be implemented incrementally**
 - “Initially will apply to personnel assigned to deployable UTCs only”**



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What's going on?

- **Lt Gen Taylor's Mandate - relevant and reasonable**
 - **SG Consultants/CFMs were tasked to update all RSVs for AFSCs on all Standard UTCs**
 - **Done—RSVP database updated on 4 April 03**
 - **CFM/SG Consultants also tasked to create training sources for all tasks**
 - **On-going—next update is 1 July 03**
 - **Goal—finish by 1 Oct 03**
- **Waiting for those training limitations (gap analysis)**
 - **Submit to MRSF or EMC**



The United States Air Force Medical Service USAF/SGX



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Director's Biography

Administrative Office Phone

Expeditionary Medical Operations, Science & Technology Directorate (SGX)

The SGX Directorate develops Medical Service wartime concepts, doctrine, plans, and resource requirements. It coordinates AF position on medical aspects of unified, specified, and major command war and contingency plans. These functions are completed by a variety of divisions, with SGX and SGX2 serving as Director and Deputy Director, respectively and supported by SGXE (executive and administrative support). All activities in this directorate are Total Force driven.

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SGXA

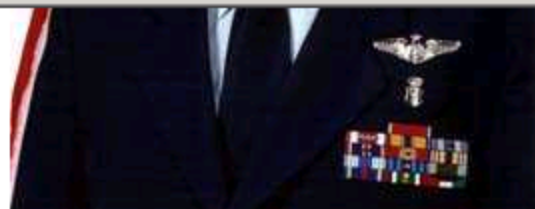
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SGXC

- ▶ [Biomedical Research Regulatory Division Mission](#)

SGXO

- ▶ [Medical Operations Center](#)



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Mission

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SGXA

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SGXW

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- ▶ [Concept Of Operations \(CONOPs\)](#)

SGXX

- ▶ [Expeditionary Medical Support](#)

SGXY

- ▶ [Science & Technology \(S&T\) Division](#)
- ▶ [Center for Telehealth and Theater Informatics](#)

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Enterprise Workspace: SGXT - WARMEDGo to...Livelink INTRANET

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Wartime Medical Planning System Office

Fort Detrick, Maryland 21702-5005



Medical Readiness Symposium, San Antonio, 19-23 October

From Here

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Welcome to Medical Readiness, HQ USAF/SGXT

This overview provides a quick summary of the [organization](#), [mission](#), and [activities](#) of the Wartime Medical Planning System Office



Readiness Skill Verification Program (RSVP)



Readiness Training Oversight Committee



Exercise Oversight Committee



Medical Readiness Training



Other Links of Interest



Medical Readiness Toolbox

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SVP



[RSVP Database](#)



[RSVP Tutorial](#)



[Questions](#)

IMPLEMENTING THE READINESS SKILLS VERIFICATION PROGRAM (RSVP)

RSVP is the readiness portion of your AFSC-specific sustainment training as defined in AFI 41-106, *Medical Readiness Planning and Training* paragraph 5.2. This AFI is posted on the [USAF e-publishing website](#):

RSVP is designed to ensure all members with a fully qualified AFSC maintain adequate skills to perform their duties during wartime, humanitarian assistance, homeland security/defense, and disaster response contingencies.

RSVP is mandatory for all personnel assigned to a Unit Type Code (UTC), if a skills checklist is available for their respective AFSC in the HQ USAF/SGXT database.

“D” coded UTCs: Personnel assigned to a UTC with an AFWUS code beginning with “D” must complete RSVP training for the AFSC of the UTC position they are filling. Individuals will train to the

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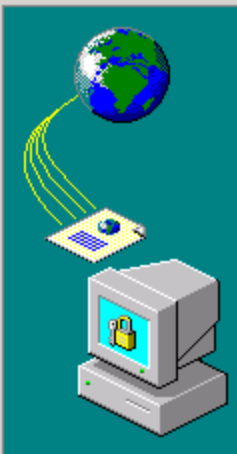
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Enterprise Workspace: RSVP

Go to...

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File Download



You have chosen to download a file from this location.

RSVP_Database_(Access_2000)_(Click_Fetch_to_Down

What would you like to do with this file?

☒ Open this file from its current location

☐ Save this file to disk

☒ Always ask before opening this type of file

OK Cancel More Info

RSVP is the n

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Part downloading from site: https://kc.afms.mil/livelink/livelink/35966/RSVP_Database_(Access_2000)_(Click_Fetch_to_Download)?

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Select From the Following to View or Export Tasks:

Officer/Enlisted:

[Select All](#)[Add Selected to List](#)

AFSC's Currently Selected for View/Export:

Officers:

[Delete Selected](#)[Delete All](#)

Level of Detail

☒ Corps Specific☒ AFSC Specific☒ UTC Specific

Enlisted:

Level of Detail

☒ AFSC Specific☒ UTC Specific[Preview](#)[Export](#)[Exit](#)

Select From the Following to View or Export Tasks:

Officer/Enlisted:

Enlisted

[Select All](#)

AFSC:

4N0X1 (Updated 4/4/2003)

[Add Selected to List](#)

UTC:



AFSC's Currently Selected for View/Export:

Officers:

Delete Selected

Delete All

Level of Detail

☒ Corps Specific☐ AFSC Specific☐ UTC Specific

Enlisted:

Level of Detail

☒ AFSC Specific☐ UTC Specific

Preview

Export

Exit

RSV for AFSC 4N0X1

Minimum currency levels have been set for many skills. These "proficiency standards" imply a level of activity sufficient to maintain skills, but do not necessarily denote competency.

Skills Specific to AFSC

Skill Set:	Knowledge/ Performance	Currency Level	Training Sources	Trainer/Verifier Initials	Verify Date	Member's Initials
1. CARE OF PATIENTS IN EMERGENCY SITUATIONS						
a. MAINTAIN CURRENT NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIAN (NREMT) - BASIC STATUS NOTE: Mandatory for all MSgts and Below. (Ref: NREMT Standards)	Performance	Q24M				
2. FUNDAMENTALS OF NURSING CARE						
a. ORTHOSTATIC VITAL SIGNS: (Ref: CFETP Oct 02, 9.1.2.7.; use QTP--Volume 1 Module 2)	Performance	Q30M				
b. CALCULATE, PREPARE, AND ADMINISTER MEDICATIONS: (Ref: CFETP Oct 02, 9.1.4.3.1., 9.1.4.3.2.1.--9.1.4.3.2.15., and 9.1.4.3.3.; use both QTPs--Volume 1 Module 11 and Volume 3 Module 7))	Performance	Q30M				
c. INITIATE, REGULATE, MONITOR, AND DISCONTINUE PERIPHERAL INTRAVENOUS THERAPY: (Ref: CFETP Oct 02, 9.1.4.2.2.1.--9.1.4.2.2.7.; use QTP--Volume 1 Module 12)	Performance	Q30M				
3. NURSING CARE OF PATIENTS WITH SPECIAL NEEDS						

Select From the Following to View or Export Tasks:

Officer/Enlisted:

Select All

Corps:

Add Selected to List

AFSC:

46A (Updated 4/4/2003)
46F (Updated 4/4/2003)
46G3 (Updated 4/4/2003)
46M3 (Updated 4/4/2003)
46N3 (Updated 4/4/2003)
46N3A (Updated 4/4/2003)
46N3B (Updated 4/4/2003)
46N3E (Updated 4/4/2003)



AFSC's View/Export:

Officers:

Enlisted:

Delete Selected

Delete All

Level of Detail

☐ Corps Specific

☐ AFSC Specific

☒ UTC Specific

Level of Detail

☒ AFSC Specific

☒ UTC Specific

Preview

Export

Exit

RSV for AFSC 46F

Minimum currency levels have been set for many skills. These "proficiency standards" imply a level of activity sufficient to maintain skills, but do not necessarily denote competency.

Skills Specific to AFSC

Skill Set:	Knowledge/ Performance	Currency Level	Training Sources	Trainer/Verifier Initials	Verify Date	Member's Initials
1. IMPLEMENTING NURSING CARE: SKILLS, PROCEDURES, TREATMENTS						
a. IN-FLIGHT CARE: Applies the principles of aerospace physiology for patients of all ages transiting the AE System during peacetime and wartime intratheater and intertheater operations to identify, prevent, and/or treat potential and actual responses to the Stresses of Flight IAW AFI 41-307.	Performance	Q15M	TOPSTAR; CSTARS; Clinical refresher training; Graduate of Flight Nurse (FN) school within past 30M; Aeromedical Readiness Missions (ARMS)			
b. OXYGEN REQUIREMENTS: Determines total ground and in-flight requirements and evaluates patient oxygen saturation to maintain sea level equivalent FiO2	Performance	Q15M	TOPSTAR; CSTARS; Clinical refresher training; AECOT; ARMS; Flight school within past 30M			
c. EMERGENCY PATIENT CARE: Performs emergency resuscitation of adult patients: Maintains currency of skills, training and certification in Advanced Cardiac Life Support (ACLS) course	Performance	Q2Y	ACLS Course (effective 1 Oct 2004)			
2. COMMUNICATION						
a. DOCUMENTATION: Records patient specific data, medication, response to care and changes in condition IAW AFIs 41-302, Chapter 5 41-307 and 41-313.	Performance	Q15M	TOPSTAR; CSTARS; ARMS; Clinical refresher training; Flight school within past 30M			



RSVP Training Platforms

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C-STARS--Centers for Sustainment of Trauma and Readiness Skills

- **Baltimore**
- **St. Louis**
- **Cincinnati**

TopSTAR—Top Sustainment Training to Advance Readiness

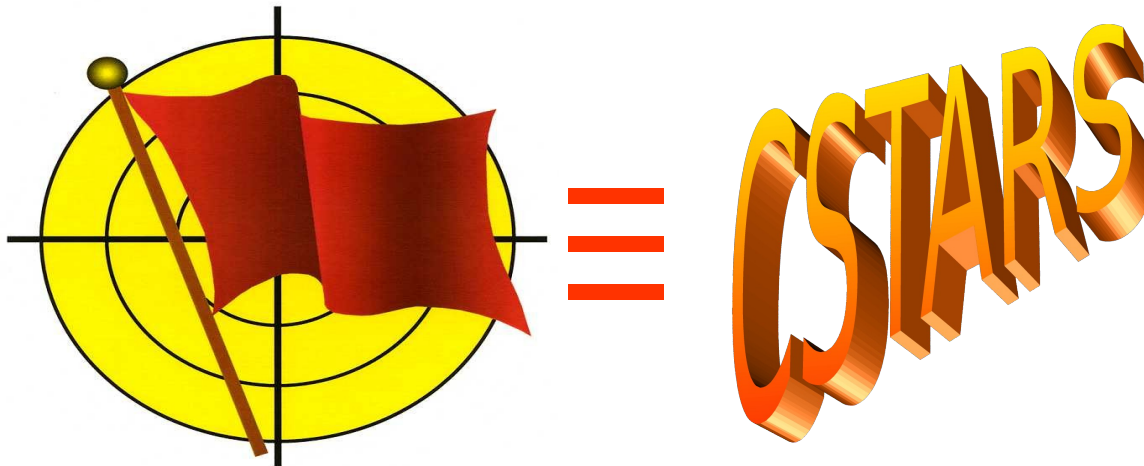
- **Lackland**
- **Travis**
- **Wright-Patterson**
- **Keesler**



C-STARS Background

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- **Operation Red Flag**
 - **Pilots most likely to be shot down in the first few combat missions**
 - **Red Flag established at Nellis AFB so pilots could train the way they would flight - Red Team simulating enemy tactics**



- **C-STARS = Operation Red Flag for the medic**
 - **Civilian trauma simulating combat casualties**



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C-STARS Maryland

Program Characteristics

- **R Adams Cowley Shock Trauma Center, University of Maryland, Baltimore**
- **Primary Regional Trauma Referral Center**
- **Large Trauma/Critical Care Training Programs**
 - **>7000 Trauma Admissions/year**
 - **100 critical care beds**
- **Proximity to USU, Andrews AFB, Bolling AFB, Ft Detrick**
- **Clinically intensive**
 - **Focused on adult trauma**
 - **Emphasis on primary responsibility for patient care**



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C-STARS Baltimore

- 3 weeks--30 days depending on AFSC
- Personnel Assigned to EMEDS & CCATT UTCs
 - Primarily active duty due to length of training and funding issues
 - Every other AEF cycle
- Pre-Hospital (PHTLS) and Trauma training (ATCN)
- Through MAJCOM SGX via MTF Readiness office
 - Slots centrally managed and funded through formal school process



C-STARS Cincinnati

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Program Characteristics

- **University of Cincinnati**
 - **Regional Referral Center**
 - **84 Adult Critical Care Beds (45 of these are surgical)**
- **1500 Trauma admissions each year**
- **Close proximity to W-PAFB**
- **Broad Experience**
 - **Clinical and Operational**
 - **Adult and pediatric**
 - **Burn, Surgical ICU**
 - **Less emphasis on primary responsibility for patient care**



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C-STARS Cincinnati

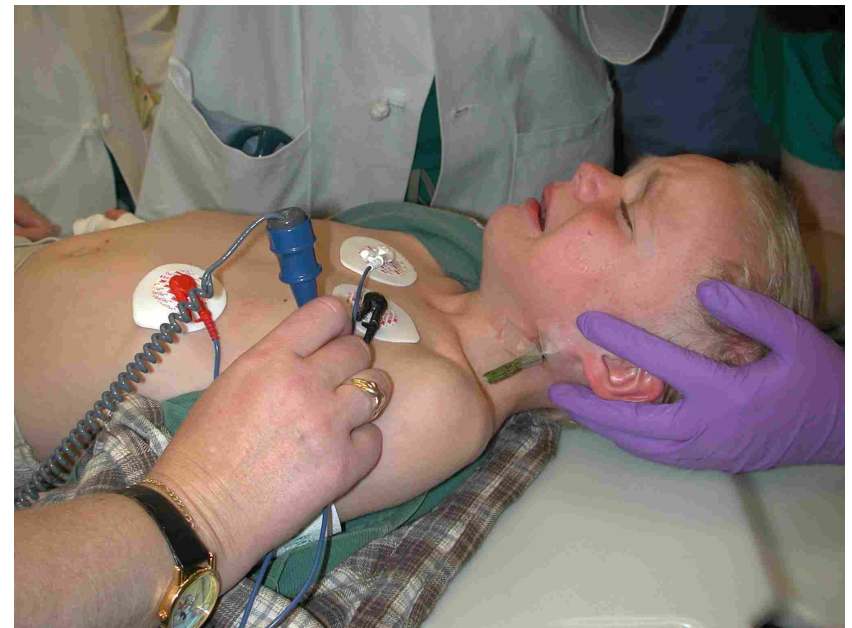
- 14 days of training
- AD and AFRC Personnel Assigned to CCATT UTCs 4Hs/4N substitutes
 - Every other AEF cycle
- Critical care and AE training (with Reserve unit at WPAFB)
- Contact C-STARS
 - Go to website for application



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Cincinnati ***Recent Initiatives***

- **Added four Hour PEDIATRIC TRAUMA module in conjunction with Children's Hospital Trauma Division**
 - **Response to CCATT Working Group concerns about pediatric training of adult CCAT teams**
- **Pediatric Patient Simulator, pediatric skills station and lecture didactic**
- **Modeled after PALS**

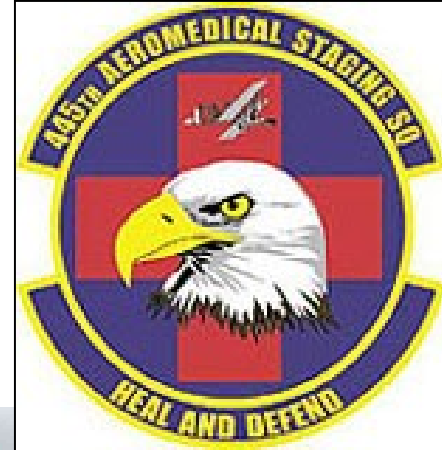




Cincinnati *Flying Tasks*

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- Static airframe training and live CCATT mission in collaboration with the 445th Airlift Wing at Wright-Patterson AFB
- Targeting 4 hours of flying time per course
- Emphasis on team building and AE interaction
- Patient mission will be assigned second week



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C-STARS St Louis

Program Characteristics

- **St Louis University Medical Center**
- **Primary location for ANG training**
- **Proximity to Scott AFB and ANG Wing**
- **First-responder, AFSOC, EMEDS (MFST, FFEP1)**
- **Flexible level of patient responsibility - tailored to individual**





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C-STARS St. Louis

- 14 days at University of St Louis
- Primarily ANG EMEDS and CCATT UTC personnel
 - Every other AEF cycle
- Pre-hospital trauma and critical care
- Contact C-STARS
 - go to website for application



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C-STARS Program Comparison

	Baltimore	Cincinnati	St Louis
Component	AD	AFRC	ANG
UTC	EMEDS/CCATT	CCATT	First-responder /EMEDS
Length	3 weeks - 1 month	2 weeks	2 weeks
Clinical Focus	Intensive - adult trauma, primary responsibility	Broad - trauma, peds, burn	Flexible/tailored responsibility
Other experience	ATCN, PHTLS, cadaver lab, simulator	CCATT sustainment curriculum, simulator	Simulator, use of PMI on actual patients
Operational Training	No	Yes	No
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- **Locations at Travis, Lackland, Wright-Patterson, and Keesler Medical Centers**
- **AD and ARC—46N3, 4A, 4C, 4D, 4N0, 4N1, 4T, and 4R**
- **2 week course**
 - **Didactic and hands on experience**
 - **100% RSV accomplishment**
- **Contact MAJCOM Functional Manager**



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EMEDS

- **Training locations: Brooks, Sheppard, and Alpena**





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AFMS Modernization

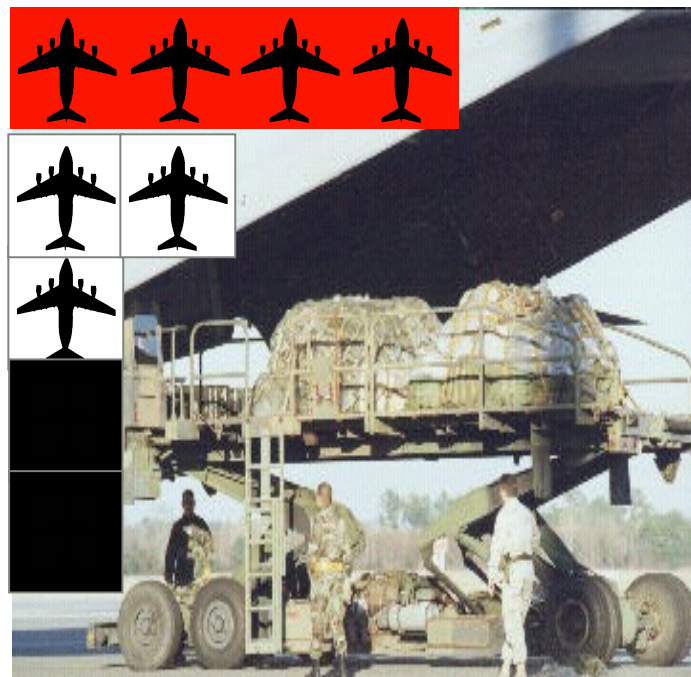
- **Transforming for the past decade—and continuing to modernize:**
 - **Developing lighter, more durable equipment**
 - **Speeding health threat detection, diagnosis, and treatment**
 - **Reducing logistical footprint**
 - **Upgrading systems**
 - **Reassessing Health Service Support paradigms**



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Lighter and Leaner Logistics

	<u>Pallets</u>	<u>Airlift</u>
25-Bed ATH		55
EMEDS +25		20
EMEDS +10		14
EMEDS Basic		3
SPEARR (full)		1
Blackhawk		
SPEARR (packs)		0



Pax Only

- ***Continued focus leaner and lighter***
- ***Better “Reachback” and Equipment Sets***
- ***Better modeling tools/communication with fielded forces***

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- 5 days of field training
- All Personnel (AD/ARC) assigned to EMEDS UTCs (basic - +10)
 - Every other AEF cycle
- UTC Specific training—field EMEDS and CP orientation
- Through MAJCOM SGX via MTF Readiness office



- 6 days at Sheppard
- AD and ARC Personnel Assigned to AE and CCATT UTCs—(ground and air crews)
 - UTC Specific training Every 2 years for AD and every 4 years for ARC
- Formal school process through training manager



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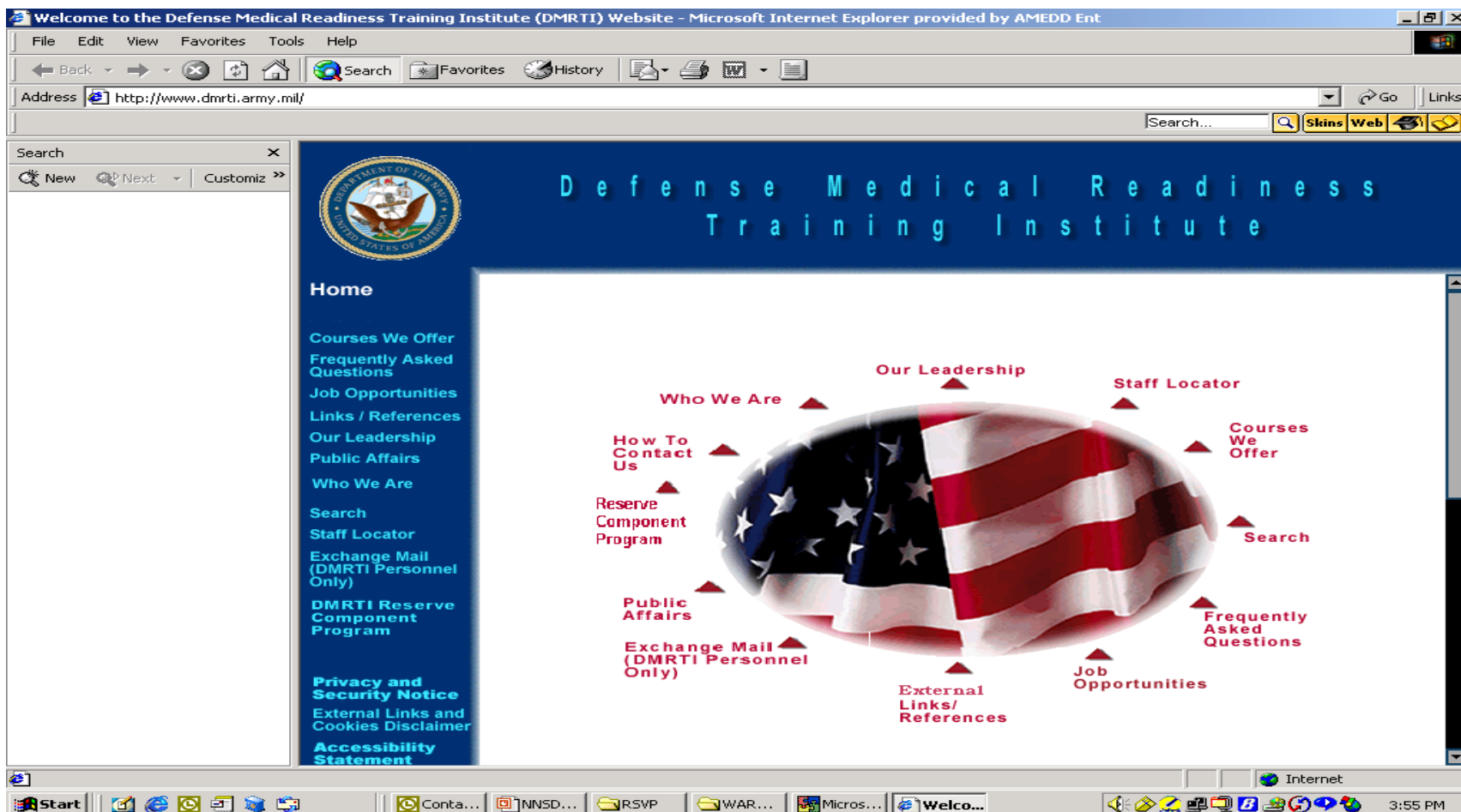
Joint Medical Readiness Training

- **Defense Medical Readiness Training (DMRTI):**
 - **Courses offered:**
 - **Combat Casualty Care Course (C4)**
 - **Joint Operational Medical Manager's Course (JOMMC)**
 - **Basic Trauma Life Support (BTLS)**
 - **Pre-Hospital Trauma Life Support (PHTLS)**
 - **Advanced Trauma Life Support (ATLS)**
 - **Advanced Burn Life Support (ABLS)**
 - **Military Medical Humanitarian Assistance Course (MMHAC)**
 - **Homeland Security Medical Executive Course (HSMEC)**



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DMRTI



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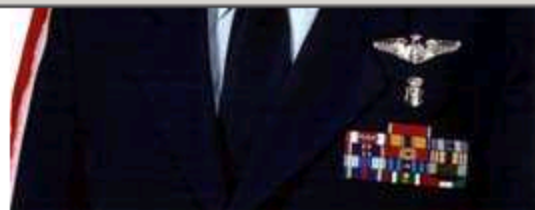
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Other Links of Interest



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Internet



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Need your help

- **Work with your unit's Readiness Office. Make time for training! Set your folks up for success!**
- **Make sure RSVs are being accomplished and tracked**
- **Make sure your folks are attending these formal courses**
- **Gap analysis—forward results to your MAJCOM. Inform MRSF/Executive Management Committee of tasks that can't be accomplished to include reasons why.**
- **Forward those great training programs**
- **Forward your suggestions for RSVP improvement**



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Conclusion



- We need the RSVP to ensure our people are trained to provide:
 - Rapid response in support of unified combatant commanders' broad range of missions.
 - Broad range of capabilities tailored to meet the specific needs of each contingency.
 - Seamless care from in-garrison to contingency.



Integrity_{D-O} Service - Excellence_{D+}



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How to contact me

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Questions



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